

10/15/2005
**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5	3					
6	2					
7	2					
8	1					
9	1					
10						
11						
12		1				
13						
14						
15						
16						
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22						
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24						
25						
26						
27						
28		1				
29						
30						
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34		1				
35				1		
36			1			
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49						
50						
TOTAL IND.			1	2	3	4
TOTAL DEP.	18	21	22	23	24	25
TOTAL CLAIMS	19	20	21	22	23	24

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.				1	2	3
TOTAL DEP.			1	2	3	4
TOTAL CLAIMS			1	2	3	4